CHARLES D. BAKER GOVERNOR

KARYN E. POLITO LIEUTENANT GOVERNOR

MIKE KENNEALY SECRETARY OF HOUSING AND ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts Division of Professional Licensure

1000 Washington Street, Suite 710 Boston, Massachusetts 02118

EDWARD A. PALLESCHI UNDERSECRETARY OF CONSUMER AFFAIRS AND BUSINESS REGULATION

LAYLA R. D'EMILIA COMMISSIONER, DIVISION OF PROFESSIONAL LICENSURE

DIVISION OF PROFESSIONAL LICENSURE MILITARY SPOUSE AFFIDAVIT

I,	, do hereby state under the pains and penalties of		
perjury: (1) that I am a licensed professional	al certified or licensed in a state other than the		
Commonwealth of Massachusetts; (2) that	my certification or license is current and in good		
standing; (3) that no disciplinary action has been taken, or to my knowledge is pending, against my certification or license; (4) that my spouse is a member of the armed forces of the United States; (5) that my spouse is the subject of a military transfer to the Commonwealth of Massachusetts; and (6) that I left employment in another state to accompany my spouse to the Commonwealth of Massachusetts. Attached hereto are a copy of my military identification card and a copy of my spouse's transfer orders. I understand that I may need to provide the Division of Professional Licensure with additional documents in support of my application.			
		a.	- D
		Signature:	Date:
		Printed Name:	-
Please provide the name of the board of regapplying.	gistration and license type for which you are		
Board of Registration:	License Type:		